## City Government Volunteer Information Form

Name:	
Address:	
City, State, Zip:	
Telephone:	
E-mail:	
D. Ivi. J	
	We ask this to ensure the state statute for political party minority representation is met)
( •	ve ask this to ensure the state statute for political party millionity representation is met,
Areas of interest:	
Committee I would like to serve o	on: